





## Program Description

The High School Shadowing Program provides high school students with a career exploration experience for 1 day or up to 1 week at the NASA John H. Glenn Research Center (GRC). Opportunities are available during the school year for students interested in science, engineering, technology, mathematics, and professional administration. This program is sponsored by the Educational Programs Office.

## Program Goal

Shadowing provides high school students with an opportunity to explore career possibilities in a research and development environment while under the guidance of a GRC scientist, engineer, technician, or administrative professional that serves as the student's mentor. Students are provided with information about various careers, career paths, and GRC educational resources and programs.

Students will depart from GRC with knowledge that will be of value to them in career decision making and an awareness of additional educational opportunities and resources at GRC.

## Glenn Research Center

The NASA Vision—To improve life here, to extend life to there, to find life beyond. The NASA Mission—To pioneer the future in space exploration, scientific discovery, and aeronautics research. As one of NASA's 10 field centers, the John H. Glenn Research Center at Lewis Field supports all NASA missions and the major programs of our Agency.

GRC works as a diverse team in partnership with government, industry, and academia to increase national wealth, safety, and security, protect the environment, and explore the universe. As NASA moves forward to fulfill the Vision for Space Exploration, GRC is focusing on efforts related to Exploration Systems such as technological advancements in spaceflight systems, aeropropulsion, space propulsion, power systems, nuclear systems, communication, and human research.

GRC is located in the Great Lakes region of Ohio and occupies a 350-acre site adjacent to Cleveland Hopkins International Airport. The Center comprises over 140 buildings that contain a unique collection of world-class facilities. NASA GRC also includes the 6400-acre Plum Brook Station near Sandusky, Ohio.

You are encouraged to visit the GRC home page to learn more about our research activities and programs at <http://www.nasa.gov/centers/glenn/home/index.html>.

## Eligibility Requirements

Applicants must be **U.S. citizens**, a high school student, and at least 16 years of age. Students who are interested in science, mathematics, engineering, or related technical fields and professional administration are eligible. Students must be recommended for a shadowing experience by a teacher, guidance counselor, or other school official to participate.

## Program Requirements

Students typically shadow for 1 day and not more than 1 week. Senior project shadowing opportunities are very **limited** as the mentor pool has been impacted by budget constraints and downsizing (refer to Senior Projects on next page). Students who request a shadowing experience longer than 1 day must be part of a formal school career program and provide NASA GRC with the school's program guidelines.

Students must agree to complete the shadowing experience between the hours of 9 a.m. and 4 p.m. Students who are participating in longer formal school career programs (2 days or longer) must be available every business day on a full-time basis for the duration of their program. Students are required to adhere to all NASA safety, security, and program guidelines.

Prior to departure from NASA, all students **must** complete a Shadowing Evaluation Form. Completion of this form is a program requirement as feedback is vital to the success of our programs and supporting mentor involvement.

## Senior Projects

All senior project applicants will be accepted under the following conditions:

1. There is an employee, in the mentor pool, interested in mentoring a senior project student in your area of interest following annual call for shadowing mentors or you already have a NASA employee who agreed to mentor you.
2. The date(s) required for GRC's feedback (mentor's name, shadowing date, form due, etc.) to school is provided on the application.
3. School's required forms for senior project are attached to application. If not available at time of application then forms must be provided within 3 weeks of the application deadline date. These papers must be sent in a timely manner in order for GRC to have adequate time to respond to the school. Not providing papers in a timely manner could jeopardize a scheduled senior project experience as mentors need time to prepare for students and respond to school guidelines.
4. Student must indicate on the application if they would be interested in a 1-week shadowing experience if GRC is unable to support their entire senior project request.

## Application

Students must complete and return the attached application and forms along with one copy of the entire application package. Applications can be obtained at the following Web site: [www.nasa.gov/centers/glenn/education/ShadowingProgram\\_GRC.html](http://www.nasa.gov/centers/glenn/education/ShadowingProgram_GRC.html). Applications must be postmarked or hand-stamped by our office no later than the deadline dates. Incomplete applications will not be processed. Placements **cannot** be made without the signature of a parent or guardian (if applicable) and recommending school official. Return all forms to

**NASA Glenn Research Center  
Educational Programs Office  
Attn: Shadowing Program, Mail Stop 7-4  
21000 Brookpark Road  
Cleveland, OH 44135-3191**

## Selection Process

Student requests will be accepted on a first-come, first-served basis. Application packages must be complete for consideration—include copy of application.

Shadowing placements are dependent upon the availability of appropriate GRC mentors and facilities. The Educational Programs Office cannot guarantee a shadowing experience and will not sign any forms that state a shadowing experience is guaranteed. Each session has limited placement and shadowing days.

## Notification

Students will be called to confirm their availability if a mentor/date has been identified. **An official notification (i.e., selectee, nonselectee, or ineligible) will be sent to the e-mail account noted on the student's application, with a copy to the school and recommending official** by the appropriate notification date noted below. If a student has not included an e-mail address on their application, then official notification will be mailed to the student's home address.

**Students' should notify the NASA Glenn Educational Program's Office (EPO) by phone, 216-433-6656 or via e-mail, [intern@grc.nasa.gov](mailto:intern@grc.nasa.gov), if their e-mail, phone (home/cell), or home address changes.** Students should also call or e-mail when inquiring about the status of their application or to obtain additional information.

## Schedule

<u>Session</u>	<u>Application Deadline</u>	<u>Selection Notification Date</u>
<b>I</b>		
November 16 to December 16, 2009	October 19, 2009	November 9, 2009
<b>II</b>		
March 8 to May 31, 2010	January 29, 2010	March 1, 2010



## 2010 Shadowing Program Student Application Form

### Educational Programs Office

Please type or print in black ink only.

Full legal name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Last name, suffix (e.g., Jr.) First name Middle name mm dd year (e.g., 11/14/1992)

Place of birth \_\_\_\_\_ Gender: ☐ Female ☐ Male  
City, State, Country

U.S. Citizen ☐ Yes ☐ No

Note: If U.S. citizen and born outside the United States or Puerto Rico, you **must** provide the information requested below. If selected you **must** provide documentation prior to start date for acceptance to be finalized.

Naturalization no. \_\_\_\_\_ Date issued \_\_\_\_\_ Date expired \_\_\_\_\_  
 Passport no. \_\_\_\_\_ Date issued \_\_\_\_\_ Date expired \_\_\_\_\_

### You Must Provide Both Addresses:

Permanent (home) address \_\_\_\_\_ School name \_\_\_\_\_  
City State Please provide your 9-digit ZIP Code If homeschooled, write "homeschooled"

School address \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_  
City State ZIP Code

Cell no. ( ) \_\_\_\_\_ School telephone no. ( ) \_\_\_\_\_  
 Permanent e-mail address \_\_\_\_\_ School e-mail address \_\_\_\_\_

Cumulative GPA = \_\_\_\_\_ (on a 4.0 scale) Academic level at start of next school year—Fall 2011

☐ HS Sophomore ☐ HS Junior  
☐ HS Senior ☐ College Freshman

Have you previously applied for or participated in a NASA program? ☐ Yes ☐ No

Check any of the following NASA programs you have previously applied for (A) or participated in (P) and indicate the year:

(A)	(P)		Year	(A)	(P)		Year
<input type="checkbox"/>	<input type="checkbox"/>	FIRST		<input type="checkbox"/>	<input type="checkbox"/>	GRC TSU College Bound	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Exploring Program		<input type="checkbox"/>	<input type="checkbox"/>	INSPIRE	
<input type="checkbox"/>	<input type="checkbox"/>	GRC LERCIP High School		<input type="checkbox"/>	<input type="checkbox"/>	NES (NASA Explorers School) School Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC N.A.S.A. Project		<input type="checkbox"/>	<input type="checkbox"/>	SEMAA Site Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Shadowing Program		<input type="checkbox"/>	<input type="checkbox"/>	Other	

### Office use only

Date received \_\_\_\_\_ Date processed \_\_\_\_\_ Initials \_\_\_\_\_

Duration of shadowing experience you are requesting:

☐ 1 day (9 a.m. to 4 p.m.)

☐ Not more than 1 week, consecutive days

☐ Other

If you checked blocks two or three above, please indicate duration and name of school career program: \_\_\_\_\_

Check the session(s) you wish to shadow at NASA GRC:

☐ Session I (November 16 to December 16, 2009)

☐ Session II (March 8 to May 31, 2010)

Based on your above choice provide one optional date(s) or week(s): \_\_\_\_\_

**Senior Project Students:**

**Date** school needs shadowing date \_\_\_\_\_

**Date** school needs mentor information \_\_\_\_\_

**Date** Senior Project forms are due to school \_\_\_\_\_

**Office use only**

Organization \_\_\_\_\_

Building \_\_\_\_\_

Mail stop \_\_\_\_\_

Room \_\_\_\_\_

Are you interested in 1 week if we cannot accommodate multiple weeks? ☐ Yes ☐ No

Do you know someone at NASA GRC who would be willing to be your mentor?

☐ Yes ☐ No \_\_\_\_\_ ( ) \_\_\_\_\_  
*Name of employee* *Employee phone number*

If yes, has this employee **verbally committed** to mentoring you on the dates specified on this application?

☐ Yes ☐ No Comments \_\_\_\_\_

Name and signature of recommending teacher, guidance counselor, or school official:

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

Position \_\_\_\_\_

Date \_\_\_\_\_

School telephone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

**How did you learn about the program?**

☐ Faculty member or school official

☐ Group visit to GRC

☐ Inquiry to NASA about summer opportunities

☐ NASA Web Site

☐ GRC Educational Programs Staff

☐ GRC Educational Programs Web Site

Relative who works for ☐ NASA or ☐ NASA contractor

\_\_\_\_\_  
*Name/Relationship*

\_\_\_\_\_  
*Company name/Area/Organization*

☐ Other (please specify) \_\_\_\_\_

**Please complete the following to assist with placement:**

The following are the areas that mentors are available for shadowing experiences:

Please mark with an "X" the type of person you would like to shadow. Please only mark one box.

Note: There are no shadowing opportunities in medicine or veterinary medicine.

- |                                                                |                                                         |
|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Accounting                            | <input type="checkbox"/> Aerospace engineer             |
| <input type="checkbox"/> Business Administration               | <input type="checkbox"/> Chemical engineer              |
| <input type="checkbox"/> Computer engineer                     | <input type="checkbox"/> Education                      |
| <input type="checkbox"/> Electrical engineer                   | <input type="checkbox"/> Environmental Engineer/Science |
| <input type="checkbox"/> Graphic Design/Technical Illustration | <input type="checkbox"/> Mathematician                  |
| <input type="checkbox"/> Mechanical engineer                   | <input type="checkbox"/> Personnel                      |
| <input type="checkbox"/> Photography                           | <input type="checkbox"/> Procurement                    |
| <input type="checkbox"/> Public Relations                      | <input type="checkbox"/> Trades (please specify)        |
|                                                                | <input type="checkbox"/> Video/Animation                |

**Placement information (required)**

*(Elaborate on any specific area or type of experience that is of interest to you.)*

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**Student Narrative**

Write a narrative statement giving your reason for requesting a shadowing experience at the NASA Glenn Research Center. Briefly state the benefits you expect to gain from your experience.

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Please list and elaborate on some of your goals for the next 2 years.

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Please list any classes you have taken, or are currently taking, that are conducive to your shadowing experience (i.e., math, science, computer, business, etc.)

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What types of questions are you planning to ask your mentor?

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## 2010 SHADOWING PROGRAM

### Waiver of Compensation/Student Certification

*(Completion of form is required for processing of application.)*

I understand that as a participant in the NASA Glenn High School Shadowing Program, I will not be considered an employee of NASA Glenn Research Center. The purpose of my visit will be to observe government research and development activities and use the Center facilities to conduct educational research projects.

I waive and forever release the United States—for self, executor, administrator, heirs and assigns—from any claim for wages, salary, or compensation of any kind that may be connected with tasks or services that may be performed by me during my Center visit. I understand and acknowledge that participation in the program does not entitle me to unemployment compensation.

I certify, by my signature below, that I am a citizen of the United States of America and that all information contained in this application is accurate and correct. I further understand and agree that any misrepresentation or inaccurate information reported on my application will be cause for disqualification for consideration and from participation in the Shadowing Program and other NASA programs.

If selected to participate, I understand I must participate for the entire time allocated and failure to do so or abide by the program safety and security policies and procedures could result in termination and could be just cause for disqualification or consideration from future program participation in the Shadowing Program and other NASA programs.

Print your full name below and sign and date for acceptance—the signature of a parent or guardian is only required if student is under 18 years of age.

Student

Parent/Guardian

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone number where you can be reached during the day*

## 2010 SHADOWING PROGRAM

### Release Form

*(Completion of form is required for processing of application.)*

**For appearance in photographs or other image-based media or production by or for NASA**

John H. Glenn Research Center at Lewis Field  
National Aeronautics and Space Administration  
21000 Brookpark Road  
Cleveland, OH 44135-3191

Glenn Educational Programs Office Workshop/Activity/Event.

Shadowing Date(s):

To the United States Government, NASA, the Glenn Research Center, its contractors, partners, or those acting with its authority and permission and employees of the United States Government, NASA, the Glenn Research Center, its contractors, partners, or those acting with its authority and permission I hereby

- a. grant the unrestricted right and permission to copyright and use, re-use, publish, and re-publish photographic or digital images of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b. permit the use of any printed material in connection herewith.
- c. release, discharge and agree to save harmless from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.
- d. ☐ affirm that I am over the age of 18 and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives, and assigns.

**Additional information is required—see bottom 3 lines.**

or

- e. ☐ affirm that I am the parent or legal guardian for

Name of the minor subject(s) depicted in the photographs or digital images

and have the right to contract for him/her. I have read the above authorization, release, and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives, and assigns and those of the subject(s) listed above. **Parental/Guardian information is required below.**

Printed name

Address

Signature

City

State

ZIP Code

Date

( ) Phone

2010 SHADOWING PROGRAM

**Emergency Medical Authorization**

*(Completion of form is required for processing of application.)*

**NASA Glenn Research Center**

Full legal name of student \_\_\_\_\_ Date of birth \_\_\_\_\_  
*Last name, suffix (e.g., Jr.) First name Middle name*

Gender: ☐ Female ☐ Male

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Name of parent/legal guardian \_\_\_\_\_

Telephone number where parent or guardian can be reached between 8 a.m. and 5 p.m.

\_\_\_\_\_

Name, telephone number(s), and relationship of other custodial parent or emergency contact.

\_\_\_\_\_

Facts concerning the student's medical history to which the physician should be alerted:

Allergies \_\_\_\_\_

Medications taken \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other \_\_\_\_\_

*In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed necessary by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medical care is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor to a local hospital by ambulance.*

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

## 2010 SHADOWING PROGRAM

### Application Check List

1. \_\_\_\_\_ Complete application (all signatures included)
2. \_\_\_\_\_ One copy of entire application package (plus original)
3. \_\_\_\_\_ Student information
4. \_\_\_\_\_ Senior Project (school) required forms

### Important Reminders

1. All application packages **MUST** be postmarked or hand-stamped by our office no later than the application deadlines, October 19, 2009—Session I and January 29, 2010—Session II. **Late or incomplete applications will not be processed.**
2. Return all complete application packages to the following address:  
  

**NASA Glenn Research Center  
Educational Programs Office  
Attn: Shadowing Program, Mail Stop 7-4  
21000 Brookpark Road  
Cleveland, OH 44135-3191**
3. You will be contacted about placement status by the selection notification date, November 9, 2009—Session I and March 1, 2010—Session II.
4. Questions can be addressed by phone: 216-433-6656 or e-mail: [intern@grc.nasa.gov](mailto:intern@grc.nasa.gov)

## Student Information

Name (print): \_\_\_\_\_

Gender: ☐ Female ☐ Male

### Program you are applying for: Shadowing Program

In order to determine the degree to which members of each ethnic and racial group are reached by this announcement, NASA requests that the student check the appropriate block(s) below. Submission of this information is VOLUNTARY.

Please complete and return with application materials.

#### **Ethnic Background** (check one that best applies)

- ☐ American Indian or Alaska Native (Non-Hispanic)
- ☐ Asian (Non-Hispanic)
- ☐ Black or African-American (Non-Hispanic)
- ☐ Hispanic/Latino(a)
- ☐ Native Hawaiian or Pacific Islander (Non-Hispanic)
- ☐ Two or more races
- ☐ White (Non-Hispanic)

Individual with a disability\* ☐ Yes ☐ No

Please list any special accommodations required:

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*\*A person having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.*

The information solicited on this form will not be available to those responsible for reviewing applications, but will be used by NASA primarily to determine the extent to which various populations are represented in the applicant pool. This information will remain strictly confidential.